Wright State University
Flexible Work Arrangement Agreement Form

Effective Date:_____ Agreement Review Date_____

Staff Name:_____ UID:_____

Email Address:_____ Phone:_____

College/Division:_____ Job Title:_____

☐ Classified Non-Bargaining Unit ☐ Classified Bargaining Unit

☐ Unclassified Hourly ☐ Unclassified Salary

Labor Group (if applicable)

☐ Teamsters ☐ FOP

Arrangement:

☐ Flex Hours (i.e., 9am-6pm)
☐ Compressed Work Week (i.e., four (4) days ten (10) hours)
☐ Flexplace

Instructions

1. Details of this arrangement should be attached to this document.
2. The staff member and the supervisor should each retain a copy of this agreement and details attached.
3. The supervisor should forward a signed copy of this agreement to Human Resources.
4. The supervisor should schedule periodic reviews with the staff member to evaluate effectiveness of agreement and a final annual review date.

	Core/Peak Hours	Flex Hours	Compressed Work Hours	Flexplace (check days)	Please provide any additional expectations for this agreement
Sunday				☐	
Monday				☐	
Tuesday				☐	
Wednesday				☐	
Thursday				☐	
Friday				☐	
Saturday				☐	

I have read and understand the Flexible Work Arrangement Policy. I understand that the continuation of a flexible work arrangement is not guaranteed and that the business needs of the operation take precedent. I understand that any changes to my performance as well as any failure to adhere to the expectations set by my supervisor may result in termination of this flexible work arrangement agreement. I further acknowledge that while working under a flexible work arrangement, I continue to be responsible for following all WSU policies. Failure to comply with all WSU policies may have an adverse effect on my employment, and could result in disciplinary action, up to and including termination.

_____
Staff Member Date

_____
Supervisor Date

_____
Dean of College Date

_____
VP/Functional Divisional Leader Date

_____
Received in HR Date